

FOR FOOD ESTABLISHMENTS OPERATING FROM A SHARED-USE KITCHEN

Name of Shared-use Kito	hen:
Applicant:	
	Zip:
	Emergency Phone:
without prior app	ation in this application is correct. I understand that any deviation proval from this Regulatory Office may nullify plan approval.
<u> </u>	(Owner or Responsible Representative)
Signature:	
	(Shared Kitchen Owner)
• •	completed and submitted to the Orange County Environmental 1 W. Margaret Lane, Hillsborough, NC 27278:
3. Floor plan of Shared K	clude sauces, garnish, catering, prix fixe, seasonal, etc. itchen with dedicated storage shown of any equipment brought to Shared Kitchen
Schedule of Operation (if	· known):

Time of Day: _____

Dar of week:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Other Schedulir	ng Informati	on (include	time keepin	g or reserva	tion mode a	at shared ki	tchen):
Type of Operation	on:						
Catering							
Mobile Foo	od Unit / Pus	shcart					
Food for s	ale at anoth	er location (specify det	ails)			
Other (suc	h as subsci	ription servi	ces, specify	details)			
Type of Food Se	ervice Utens	sils (Check a	ıll that appl	y):			
Single-service (Plates	•	: areS	ilverware				
Multi-use (reusa Plates		areS	ilverware				
Prepares F	Potentially F	lazardous Fo	ood PHF (Ti	me Tempera	ature Contro	ol For Safet	y Food
Prepares PHF/T	CS Foods b	• —	•	ng rehea reezing	•	t holding ₋ par cookir	ng
Specialized Foo Curing Ac Smoking	idification (sushi, etc.)		Reduced Ox Other	ygen Packa	ging (eg: V	acuum)
Prepares fo	od for deliv	ery to and co	onsumption	n at a locatio	n off premis	ses	
Prepares or	ly non PHF	/TCS foods					
Prepares fo	od for a Hig	hly Suscept	ible Popula	tion			
Highly suscepti Nursing F		ions that will _ Child Care		to or serve	d: _Health Car	e Facility	
Elementa	ry School C	ther (please	specify) _				

Cold Storage Space	(assigne	a):			
Reach-in refrigerato	r storage	: ft³	,	Walk-in refrigerator storage:	ft³
Reach-in freezer sto	rage:	ft³	,	Walk-in freezer storage:	_ ft³
Frequency of deliver	ries and e	expected vol	ume of re	frigerated product at each de	livery:
Hot Holding Volume and items of	f food tha	t will be held	d hot:		
Cold Holding Volume and items of Cooling Processes Indicate by checking hours.				ooked food will be cooled to 4	95 ⁰ F within (
Cooling Process	Meat	Seafood	Poultry	Other	
Shallow Pans					
Ice Baths					
Rapid Chill					

Thawing Processes

Indicate by checking the appropriate boxes how food in each category will be thawed.

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water (< 70 ⁰ F)				
Cooked Frozen				
Microwave				

Food Handling Procedures

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and equipment location where corresponding food will be handled. Shared items for daily use such as prep tables, refrigeration, handwashing sinks, warewashing facilities, can wash, ice machine, and all applicable items must be provided.

Include the handling procedures for the following categories. Describe the process from beginning to end:

- Arrival How the food will arrive (frozen, fresh, packaged, etc.); Who will be responsible for receiving?
- Storage Where the food will be stored? (Refer to the floor plan.)
- Preparation
 - Where food will be processed? (Refer to the floor plan.)
 - How the food will be handled (washed, cut, marinated, breaded, cooked, etc.)?
- Time of day and frequency that food will be handled (Delivery to final product)?

1.	Ready-to-eat Foods (example, salads, fruit, cold sandwiches, sushi)

2.	Produce	
3.	Poultry	
-		
4	Masta	
4.	Meats	
5.	Seafood	

Dry Storage Frequency of deliveries and the expected volume of dry goods at each delivery:					
Square feet of assigned dry storage shelf space:					
Where is the assigned dry goods storage?					
Shared-use Kitchen Requirements:					
Certified Food Protection Manger Certification					
Copy of the menu					
Consumer Advisory (if required by NC Food Code Manual 3-603.11)					
Variance for specialized processing methods, HACCP plan required? NC Food Code Manual Section 3-502.11					
Time as a public health control - written procedures in place per NC Food Code Manual Section 3-501.18					
Standard Operating Procedures (SOPs)					
Refrigerators and freezers operating to verify temperatures					
Water heater operating					
— Handwashing sinks: Conveniently located; supplied with soap, towels, hand wash placard, and waste receptacle					
Warewashing facilities properly operating					
Adequate air drying space					
Toxic substance storage area identified					
Thermometers provided					
Sanitizing solution and test strips					
Lighting meets requirements					

__ Bulbs shielded or shatterproof

Single-use gloves, deli tissue paper, spatulas, tongs or dispensing equipment provided (no bare hand contact with ready-to-eat foods
Equipment Approved (Used in accordance with the manufacturer's intended use and verified or classified for sanitation by an American National Standards Institute Meets (ANSI)- accredited certification program or meets Parts 4-1 and 4-2 of the NC Food Code Manual
Floors, walls and ceiling smooth, durable, easily clean able and non-absorbent for areas subject to moisture
Proper backflow devices installed
Toilet facilities, properly constructed, supplied and conveniently located and accessible to employees during all hours of operation
Garbage and refuse disposal containers approved for solid waste, cardboard, and waste cooking oil (on-site or contract approval)
Grease Trap available, located to be easily cleanable
Mop/Service sink provided
Space provided for employee storage, clothing and personal items
Potential Risks Associated with shared-use kitchens: Explain in detail how these will be addressed:
Risk: Cross Contamination of food contact surfaces with physical, chemical, or biological hazards.
Risk: Contamination of food products either by accidental or intentional means.
Risk: Increased potential for foodborne illness outbreaks due to exceeding the design characteristics of the facility.